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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DA'	Y	YEAR	7 h	HOLL	,

REGISTRAR			CERTIFICATE	PUEAIN	REG. NO.	1 0		7
DECEASED NAME	FIRST	WIOOFE	LAST	TA IN	28. DATE OF DEATH MONTH	DAY YEAR	26 HOL	IR
	Arthur	Earl	BECKMAN		December 29.	1979	033	SA M
3. SEX		4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNOFF	24 HRS
Male		White	March 24,		53 YRS.	MONTHS OAYS	HOURS	WIM
BIRTHPLACE ISTAT	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVI	ER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	115	
Maryland	l	USA	WIDOWED	DIVORCED [Garrett			MD.
O CITY OR TOWN O	FDEATH	11. NAME OF HOSPITAL, NURSIN		NSTITUTION	120 USUAL OCCUPATION	12b. KIND C	F BUSIN	SSOR
Oakland		Garrett Co. Memo		ital	Timberman	Lumb	er	

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13e, STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Garrett Mt. Lake Park NO [

YES X 421 Maple Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Florence Friend Beckman Carolyn George Guy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 214-28-6872 Mrs. Betty E. Beckman, See #13 above

APPROXIMATE IN 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY 2 la. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

23b. DATE

21e PLACE OF INJURY

12/31/79

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

NOS

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 25 Kell C 19 and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED

226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

Dr. A. E. Mance, MD

23c. NAME OF CEMETERY OR CREMATORY

Third Street, Oakland, Maryland 21550 23d. LOCATION CITY OF TOWN

YES [

COUNTY

COUNTY

NO [

STATE

STATE

burial 24. FUNERAL DIRECTOR

(SPECIFY)

MEDICAL

21d. INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

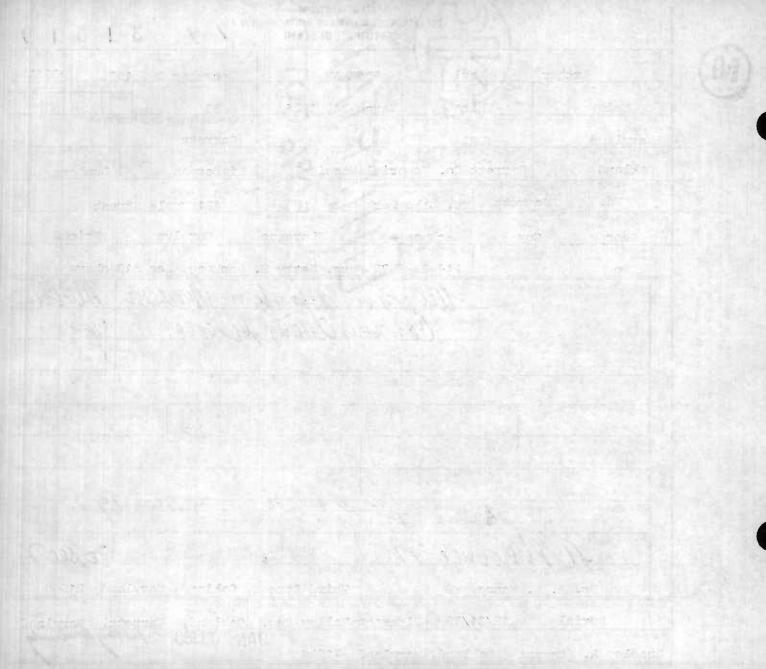
NOT WHILE

Bradley A. Stewart Oakland, Maryland 21550

Pleasant Valley Cem. Oakland Garrett Maryland

DHMH - 16 50M 7/77 (VRA 15(4))

BP.



Grantsville, Md.

FOR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A POLYA MINISTER The state of the s Taller ---The distance of the second of Sant medical secretary of the Annual State of the Santa State of the S Total Total Tistal d posted with the party of A STEEL STREET STREET STREET

ATTENDING PHYSICIAN: The low

page 3

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and c should be detached for use as the burial-transit permit. Then please remove corbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE-7 9	3 1	0	2
	1. DEC	CEASED NAME FIRST OR PRINT)		MIDOLE		AST	20. DATE OF DEATH			26 HOUR
		Baby	Boy	7	-	BOWMAN	December			ll p.
1	3 SEX	Male	White	•	5. DATE C MONTH Dece		6. AGE (IN YEARS LAST BIRTI		F UNDER 1 YEAR	HOURS 24 HRS
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH	TELES
35		Md.	USA		WIDOWE	D DIVORCED	Garrett			MD
65		oakland	(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET A RPP CO.	ADDRESS)	orial Hosp.	170 USUAL OCCUPATE TYPE OF WORK FOR MOST OF INIANT			F BUSINESS OR
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Box 1	46,	
10	14 FA	THER'S NAME Rondal Le	Moore	WHITE		15. MOTHER'S MAIDEN NAM Barbara	Aminote Ann		BOWMA	'n
1	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	None	RITY NO.	17. INFORMANT Junior Bown	an Rt. 1		146 0	akland
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b)	R AS A CONSEQUE R AS A CONSEQUE POTENTIAL TO BE CONTRIBUTING TO BE	NCE OF	wity E bith NOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVE	N IN PART 11d	סו
2	CERTIFICATION	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.	M, MONTH DA M.	YEAR	211. LOCATION				NO []
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOW	И	COUNTY	STATE
		22a.1 certify that (1) (this hospi sow the deceased alive on		The second secon		nd that in (my) (our) opinion o	, to death occurred on the do			that (I) (we) last causes stated
ď		176 SIGNATURE	11.	h.	m	ATTENDING PHYSICIAN	/ MEDICAL STAF		22c. DATE	SIGNED /21/79
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT(22e ADDRESS			1	, 1 ,
1		William W Po	pe, M.D			Oakland	, Marylan	d 21	550	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- 5	OUNTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Ashby Cemetery 23d LOCATION CITY OR TOWN Rural

Oakland Garr.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Une ADDRESS Oakland, Durst

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ten arrivation a length				
/5/51				
-			.4.1, (100	wante (LN
	• • •			

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BOWMAN Rt. 1 Box 116 Oakland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED -21-79 Ashby Cemetery Oakland Garr. Rural 25 DEATEREC DI BY REGISTRAPS SIGNATURE 24 FUNERAL DIREG Oakland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 📲

IF UNDER 1 YEAR

IF UNDER 24 HRS

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(6.00-2)			1	

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1-	STATE REGISTRAR				ENT OF HI				1 7			3 1	0	2	3
I. DI	CEASED NAME	FIRST		WIDDLE			AST	CAIL			REG.		1 DAY	YEAR	7b HOUR
(TY	PE OR PRINT)	Earl	Freder:	ick	BURG	. WC	Sr.			OF	ESTI- A	012	8	1979	h A
3. SE	X	4. RACE	5 DATE OF BIRTH	6	AGE (IN YEARS	IF UNE	ER 1 YR.	IF UNDER		c. DAT		MONTH		YEAR	2d HOU
M	ale	White	11-24-19	910	69 YRS	MONTHS	DAYS	HOURS	MIN. F	PRONOU DEAL		12	8	1979	11A
	IRTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNT		AAADDIE	- 25 NE	VER MARR	F .	BALTIA	AORE CITY				12.2.2
	ennsyl	vania	US	A	1	WIDOWE		DIVORC		Gar	rett	,			AAF
	ITY OR TOWN		11. NAME OF HOSP	BITY GIVE STRE	EET ADDRESS)	OR OTHE	RINSTITU	TION	12a. USU.	AL OCCU	PATION (T	YPE OF WORK	12b. KI	ND OF BUR INDUST	ISINESS RY
	rantsv		Route 2	2, Bo	ox 86		(Rui	cal)	Far	rmer	•		Fa	rmi	ng
13a. S	TATE	13b. COUNT	ROTHER INSTITUTION, GIVE TY	13c. CITY C			3d. INSIDE C	ITY LIMITS?	13e. STRE	ET ADDR	ESS				
	arylan	d Garr	ett	Gran	ntsvil		YES 🗆	NO D		ite	2, B	ox 8	36		
	ATHER'S NAME		MIDDLE	LA			F	ER'S MAIDE		,	MIDDLE			LAST	
	Christ			Burc				atilo	la				0e	ste	
()	ES, NO, OR UNKNO	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)		AL SECURITY I		7. INFORA				ADDRES		2,	Box	86
	No				-18-28	308	Doro	thy	Bur	DW,	Gran	tsvi	lle	, Md	•
	18. CAUSE O	F DEATH (Enter only ATH WAS CAUSED	y ane cause per line f	ar (a), (b), a	and (c).)							3 .76	BET	PPROXIMATI WEEN ONSE	E INTERVAL T AND DEATH
	11	IMMEDIAT	E CAUSE (a) Co			ter	y di	Seas	e				Y	ear:	3
	4/4	s, if any, which	DUE TO, OR A												
15	gave ris	e ta immediate			oscle	ros	IS,	gene	rali	zed				11	
3	lying cau	stating the <u>under</u> - se last.	DUE TO, OR A	AS A CONSI	EQUENCE OF									3 13	
	DADT 2 OTHER CH	MILICANT CONDITIONS	(c)	UV 1107 BE1 1 20											
Z	TAKE 2 VINCK 3K	MILICANI CONDITIONS	ONTRIBUTING TO OEATH BU	DI NOI KELATEI	U TO THE TERMINA	I OISEASE (JR CONDITIO	N GIVEN IN PA	RT 1 (a).						
ATIC	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR W	HICH OPERAT	ION WA	S PERFOR	MED?	-				2D. A	AUTOPSY:	2
TIFIC			1.56											YES 🗆	NO
CERTIFICATION		L CAUSE WAS	21b. TIME OF		AM N=1=	21c. HO	W INJURY	OCCURRE	D (ENTER N)	ATURE OF IN	JURY IN ITEM 1	8 PART 1 OR P		, 10 [2]	11000
CAL	UNDERLYING CONTRIBUTION	OR G CAUSE OF D	HOUR A.M.	MONTH [DAY YEAR										
MEDICAL	21d INJURY C	CCURRED	21e PLACE OF		(AT HOME,	21f. LOC				C/TV 00					48.45
×	AT WORK	NOT WHILE AT WORK) SIREET, FACTO	mi, rakm, EIC.		218	cet			CITY OR TO	WN	C	YIMUO		STATE
	The Day of the Control		e af the remains descr	ribed above	Marin.	Autapsy		Inspection	n Se	Inquiry	Y	and in my o		100	
	death resulte	1/		Accident	Suicie		Hamic		-	inquiry rmined m		ind in my c	Pinian		
	Occini resulte	X	5	7	301010	Je		PECIFY)	Undere	m anneam	unner []	,			
	ACTUAL SIGNATURE	/am a	1 tx	-1		O Mr		PUTY	MEDI	CALEXA	AINIED	DATE	12	-8-7	79
	(/		HART VIEW	V		M.L			WEDIC	ALEXA!	NINEK	SIGN	ED ===		
	EXAMINER'S I	NAME Tames	H. Feas	ster.	Jr.	Ma	DDRESS	107	S. 2	nd.	St.	Oak	l an	d. I	id.
23o.B	URIAL CREMAT	ION,REMOVAL 23	Bb. DATE	23c. NA	ME OF CEME	TERY OR	CREMATO	DRY	1224 100	LACUTA					
	Burial		2-11-79		antsvi				Grai	itsv	rille	, Gar	ret	t, Mo	í.
34. F	UNERAL DIEC	1//	ADDRESS			-		250. DATE	REC'D. BY	REGISTR	AR 256. REC	SISTRAR'S	SIGNAT	MRE	wely
1	V. Osyn	~ / Jew	mare	Gran	ntsvil	lle,	Md.		PLC 1	3 15	7/5	7	1		7

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2 William Short and Short · A SEE STEEL PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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H	1.	STATE REGISTRAR			0117	CERTIF	CATE OF DEA	TH	REG. NO	S 1	U .	2 3
51		CEASED NAME (FIRST	M	IDDLE	0	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		1110	ange	verite		Col	ricu			12-02	7-79	м
= 1	3. SE		1	RACE		5. DATE C		YEAR 6	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	100	EMALE	W	HITE		10	10 0	12	77	YRS.	JA73	nooks max.
20		RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF V	VHAT COUNT	RY? 8	NEVER MARI	DIEDX	BALTIMORE CITY O	R COUNTY O	FDEATH	
5		ARYLAND		US	A	WIDOWE		CED	GARRET	զո		MD.
20	10 CI	TY OR TOWN OF DEATH	1 11	. NAME OF H	OSPITAL, NU	RSING HOME C	R OTHER INSTITUT	ION I	120 USUAL OCCUPATE	NC	126. KIND O	F BUSINESS OR
0		Kland, m	d	CUPPE	FACILITY, GIVE ST	WEEKS	Nucsina	blome	NEVER W	CONTRACTOR OF THE PARTY OF THE	INDUSTRY	
21	13a S	AL RESIDENCE (IF NURSING	SHOME OR OT		GIVE RESIDENCE B 13c. CITY OR T		134 INSIDE CITY L	IMITS?	3e STREET ADDRESS			
0		md !	AllE	PANV	Cumb	recland	YES NO					
11	14. FA	THER'S NAME	MID	NIF /	LAST		15 MOTHER'S MA	IDEN NAM		200		
//	46	CHARLES	E		CONLEY	r	FIRST CATI	HERINE	MIDDLE		MOONE	
17		VAS DECEASED EVER IN	U.S. ARME	D FORCES?	166 SOCIALS	-	17 INFORMANT		ADDRE	SS	HOONE	1
1	()	(ES, NO OR ONKNOWN)	IF YES, GIVE WA	AR OR DATEST	218-7	0-2114	TEO VO	ncontra	TO TOTAL CONTROL A NO.	ALA DOT TO	0 100	
		110					LEO KO	LOUPEN	REUTHER AN	NAPOLIS		WATE INTERVAL
44		18. CAUSE OF DEATH PART I. DEATH WAS	S CAUSED E	BY:	ine for al, (b	MPS HI	o Ha	+ 3	Tolling		BETWEENO	MATE INTERVAL DISET AND DEATH
		4146	AMEDIATE (y com	61	1	2		1	
			LY.L	DUE TO, OR	AS MEONSE	OUENCE OF	1 Horks	111 11	MICEGAD.		114	1
		Conditions, if ony, w gove rise to immed	diote	(b)	in	are a c	- HAVI	4 1	ms (-L)		1	
		underlying couse		DUE TO, OR	AS ACONSE	DUENCE OF	chunk	10 1	All Din	nin	111	1
		DADE O OTHER CIONES	-	(c)	TINC	Me Up	CICALVIC	CL	VIVIL	PC	71	
	Z	PART 2 OTHER SIGNIF	IGANI CO	NDITIONS CO	NIKIBUHNG	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN	IN PART 1(o	
_	ITIO	190 DATE OF OPERATIO	eres	11111	1 steet	UCH OBERATIO	LIMAS DEDECTOR		20a AUTOPSY?	Took IF VEC V	A/EDE EINIDIN	06.11650
4	CERTIFICATION	198 DATE OF OPERATIO)N	INCONDIT	ION FOR WH	TICH OPERATION	WAS PERFORME	D	200 AUTOPST?		WERE FINDIN NG CAUSES (
1	RTI								YES NO	YES		NO 🗌
a		216. ACCIDENT WAS UNDERLO		HOUR A.M	A. MONTH	DAY YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
/	EDICAL	(IF EITHER, NOTIFY MEDICAL E		P.N	۸.	19	No. of the last					
	EDI	21d. INJURY OCCURRED	D	21e PLACE C	F INJURY	EICE EADAL ETC.)	21f LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
	>	AT WORK NOT WHILE			er, racioni, or	1	/		Zi.		tour of	91712
MA		22a. I certify that (I) (th	his hospital	ottended the	deceased fro	om_ 1111	11 1	9/10	_ to / NoC	, 19	74	that (I) (we) last
	23	sow the deceased above, (1) (we) (did		122,	To denth	9	that in (my) (our	opinion de	eath occurred on the do	te and hour o	nd from the c	couses stated
		226. SIGNATURE	100	The body c	/		DEGREE	- 243			22c. DATE S	SIGNED
	. 20	15	140	ment.	um	7			MEDICAL STAF		12-	3-711
7		22d. PHYSIC Jan 5-Sland	E ofin offin	mit)			22e ADDRESS	TCIAIL D	DIRECTOR	INIT L	1/6	
/		/(
-	23a P	BURIAL, CREMATION, RE	MOVAL T	23b. DATE	17	234 NIAME OF C	EMETERY OR CREA	ATORY	123d LOCATION			
	(1	BURIAL	MOVAL	12-5-1			CEMETERS		CUMBERLAN	D ALLES	W VIAT	ARVIAND
		DOLLTATI		エケーシー1	117	CODELL'E			OOT ID DICTION.		WESTAN TAR	TATOT TOTAL

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DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exprising the behapith at more

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanapapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

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TO HOSPITAL

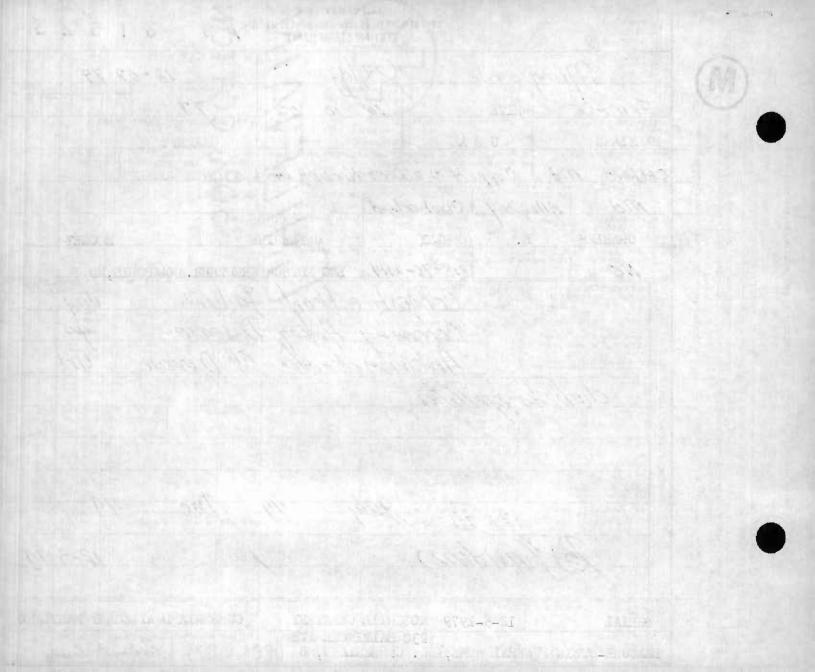
signed by the attending physician and completely filled in by the then please remove carbonpapers. Pages 1 and 2 should be filled

Extray Mc Cready

24 FUNERAL DIRECTOR

ADDRESS AVE 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

LEASURE—STEIN FUNERAL HOME, INC. CUMBERLAND, MD DEC 1 0 1979



Pemale RTHPLACE DISTRICTORION RTHPLACE DISTRICTORION Maryland IT OR TOWN OF DEATH Oakland AL RESIDENCE (IF NURSING ISTATE Maryland ATHER S NAME Clay WAS DECEASED EVER IN IT HELD OR UNANCORNE TO MARY LOOK UNANCORNE Conditions. If only, will gove rise to immeditouse of technique indestying course is	ARACE White Arace	Merie ite What COUNTRY: A. HOSPITAL, NURSI HEACHLITY, GIVE STREEE OTHER RESIDENCE BEFOR ISC. CITY OR TOW Accide 160 SOCIAL SECT 217-18 Inne for 101, (b), or	S DATE OF MONTH JUNE S DATE OF MONTH JUNE S MARRIED WOON TO THE	BIRTH DAY 198 23, 191 NEVER MARRIE DIVORCE OTHER INSTITUTIO OTIAL HOSD 3d INSIDE CITY LIM YES NO D 5. MOTHER'S MAIDE RUTH IT INFORMANT Earl E.	20. DATE De 6. AGE (11 AR 66 9 BALTIM D Gar N 126. USU (TYPE OF W DITAL HO MITS? 136. STREE STA	Tett Coun Cocupation Observer most or working usewife Taddress	RS. 11 POP DEATH TY POP DEATH T	HAVE HOURS MAN
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	CAT HOUSE CTO			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
saw the deceased a	12 -	2 10	-	that in (my) (or) ap	pinian death occu	rred on the date and		
274 SAGNATURE	3 tel	7	M	ATTEND PHYSIC	DING DEDICA	STAFF DR PHYSICIAN	1	2-25-
Dr. Geor	ge Stoltzh				wille M	D		
Burial CREMATION, REA	ACTORDAY TOTAL PLATE.	1.22	NAME OF CEA					
	THE INJURY OCCURRED WHILE DOC WHILE AT WORK 220.1 certify that (1) (b) Saw the decasted obove, (1) (1) (1) 274. SIGNATURE 274. PHYSICIAN'S NAME Dr. Geor	THE INJURY OCCURRED THE INJURY OCCURRED THE PLACE (AT HOME, STR TWO IN THE DESCRIPTION OF THE DESCRIPTION	THE INJURY OCCURRED THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE WORK OF THE OFFICE) The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE WORK OF THE OFFICE) The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OFFICE) The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OFFICE) The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OFFICE) The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE O	THE INJURY OCCURRED THE INJURY OCCURRED THE INJURY OCCURRED THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE INJURY OCCURRED THE INJURY OCCURRED THE INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THE INJURY OCCURRED THE INJU	22e. 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I certify that (1) (this lospital) attended the deceased from 1977, 19, to 10, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and that in (my) (orn) opinion death occurred to the deceased from 1979, and the deceased from 1979,	220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 220. I certify that (I) (this lospital) attended the deceased from 1977 19 to 277. 221. I certify that (II) (this lospital) attended the deceased from 1977 19 to 277. 222. I certify that (II) (this lospital) attended the deceased from 1977 19 to 277. 223. I certify that (II) (this lospital) attended the deceased from 1977 19 to 277. 224. I certify that (II) (this lospital) attended the deceased from 1977 1977 1977 1977 1977 1977 1977 197	226. I certify that (I) (this lampital) attended the deceased from 1977 to 100 prints death occurred on the date and hour and from 276. It is a start of the body after death. DEGREE ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS PRINT THE ADDRESS PRINT TO TOWN COUNTY CITY OR TOWN COUNTY COU

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHY REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Samuel Harry GILBERT 4 RACE . SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SAST BIRTHDAY) IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED Male White DEAD To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Garrett USA WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, WALL RECORDS, 301 W. P. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Cuppett-Weeks Nursing Home for most of working Life) Electrician Oakland Building USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Washington 13d. INSIDE CITY FIMITS? Connecticut Ave. N.W. YES IX NO 18. GIVE PAGES 1, 2, WITH FORM PM 3.
T. PAGES 1 AND 2 SH.
DIVISION OF WITAL R 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Gilbert 18. GIVE PACE IG WITH FORM PAIT. PAGES 1 AN Bennett Loretta Susan Boltz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0-20-1338 Mrs. W. S. Johnstone, same as 13e Yes AMINER ALONG W.
TRANSIT PERMIT. FENTAL HYGIENE, DI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary artery disease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-TRANSITY
OF HEALTH AND MENTAL HYG
AL, CREMATION, OR REMOVAL. 22 rteriosclerosis, generalized Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION Emphysema 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? THE CHIEF 20. AUTOPSY? TO BURIAL. YES [] ORWARDED TO THE CI R: PAGE 3 SHOULD BE E STATE DEPARTMENT CI 21201 PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR:

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MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted for Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 2-11-79 TO FUNERAL D
AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER S. 2nd. St., Oakland, Md. EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremat! Pittsburgh, Beinhauer Crematory Alleg., BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Md. Durst. and 15M 7/77

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DIVISION OF VITAL RECORDS,

(VR A 15 (4))

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DED A DEMENT OF HEALTH AND MENTAL HYCHENE

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, , ,	Marth	a A	lice	My	ers	December 1	9. 197	9	145 A M
3. S	SEX	4 RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	
	Female	Wh	ite	Novem	ber 5, 1888	91	YRS.	MIHS DAYS	HOURS MIN
7a.	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y2 8		9. BALTIMORE CITY O		F DEATH	
15	Maryland	175	SA	WIDOWE	DIX DIVORCED	Garrett			
10.	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATION		126. KIND C	OF BUSINESS OR
10	Oakland	Cuppett.	HEACILITY, GIVE STRE		Home	Housewife		INDUSTRY	
US	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION.			nome	Housewile			Iome
130	Md. ISTATE	arrett	13c CITY OR TO	dsville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
14	FATHER'S NAME	arrect	rrrend	ISVIIIE	YES NO X	R.F.D	•		
124	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	
160	Alexander -	DATED FORCES	Chisho		Sarah 17 INFORMANT	Alice	cc	Faulk	ner
1 100	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)							
	No-		215-36-	-9780	Roy Myers, F	riendsville	. Md.		MATE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)CONDITIONS <u>CC</u>		O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, V	WERE FINDI	
W W	21a. ACCIDENT WAS UNDERLYING			A WELD	21c HOW INJURY OCCUR				
1 4	OR CONTRIBUTING CAUSE OF D	25.1117	M. MONTH	DAY TEAK					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	18 Al	19	79_, or	d that in (my) (out) opinion	, to	te and hour o		
	276 SIGNATURE	Mar	na	m		MEDICAL STAF		191	LOC79
		OKT KIP (1)	MD		22e ADDRESS			MARIA	/
22		E. Mance		NAME OF S	Third St., O		2155	U	
230	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		YTHUC	STATE
	burial	12/22,	//9 I	Asher G	lade Cemetery	Friendsvi	lle, Ga	arrett	. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR Bradley A. Stewart

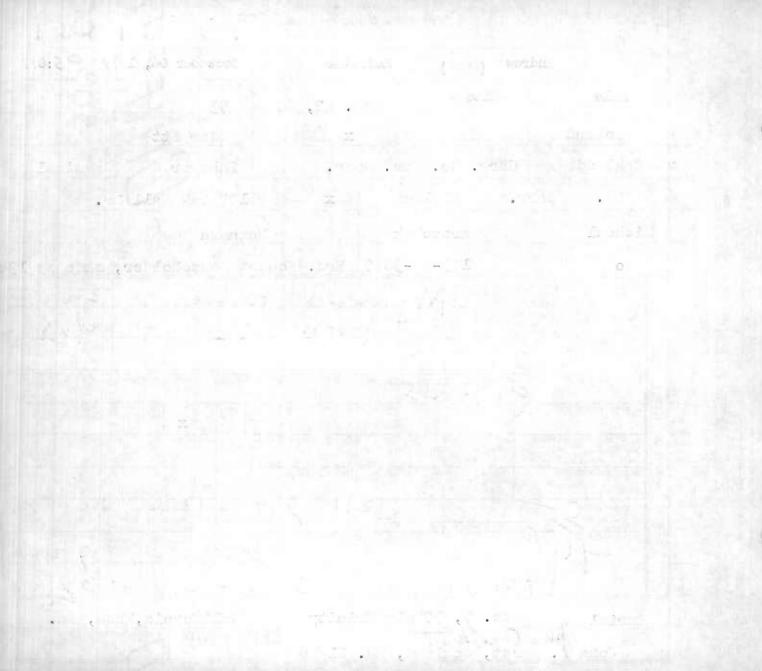
Oakland, Maryland 21550 DEC 2 6 1979

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Alice Virginia ORME December 01, 1979 0500 .4 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female April 08. PAY1918AR White 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED District Columbia U.S.A. Garrett Co.. WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOSTOF WORKING LIFE) INDUSTRY Oakland Garrett County Memorial Hospital BALTIMORE, MARYLAND 21201 filled in USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Oxon Hill 13410 Colwyn Road 13b. COUNTY 13d INSIDE CITY LIMITS? P.G. Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mabel Redden Hudson Pettit ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 579-12-3032w Philip R. Orme 13410 Colwyn Rd. Oxon Hill Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., menice IMMEDIATE CAUSE IS Conditions, if any, which gave rise to immediate other couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause pleo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shov NOV YES T NO [and Mental Hygie priol-tronsit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that III hospital) attended the deceased fro and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 724 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL THE PHYSICIAN SPIAME (THE CREENT) 27e ADDRESS ould b MPORT Dr. George Stoltafus Friendsville, Md. 21531 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION St. Barnabas Cemetery Oxon Hill P.G. Maryland George P. Kalas Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Tiston Mc Bready (VRA 15 (4)) 6160 Oxon Hill Rd. Oxon Hill, Maryland

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DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	UNERAL DIRECTOR	JO. Durantess	- M-2	"DEC		25b. REGISTRAR'S SIGN	ATURE



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IMPORTANT: If he

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 12/20/79

23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | Deer Park

23d LOCATION Deer Park,

COUNTY STATE Garrett, Maryland

burial
24. FUNERAL DIRECTOR
NAME
Bradley A. Stewart

Oakland, Maryland

21550

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 7 9	3	1 0	3	3
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		Newton		AMS		December 2	0, 197	9	043	OA M
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25		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		MD.
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NOW I	22- 0	Dr. George B.		NAME OF C	Friendsv.	ille, Md.	21531			
	730 8	burial burial			Sines Cemetery	CITY OR TOWN	Garret	t, Mar	ylan	

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ADDRESS

Oakland, Maryland

BP. DHMH-16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, ar remayal.

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Oakland, Maryland

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Bradley A. Stewart

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by the had		226 PHYSICIAN S NAME THE	M. Inher	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/79
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DHMH-16 60M 1/73 (VR A 15 (4))		Durst Funera	Home Oakl	and, Md.	C 2 0 1979	R'S 9 GNATURE

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